

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

45f 04188

Reg. Dist. No. 290

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County

Talbot

City or town

Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Home

How long in hospital or institution?

## 3. (a) FULL NAME

Albert T. Camper

4. Sex

M

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Aug. 12, 1891

8. AGE:

56

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Talbot Co.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Robert Camper

13. Birthplace

Talbot Co.

14. Maiden name

Fannie R. Gibson

15. Birthplace

Talbot Co.

16. Informant

John Camper

Address

Vine St. Easton Md.

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Richards

Location

Hammonthouse

18. Funeral director

Jewell St. Henry

Address

310 South St. Easton Md.

19. 4/12 1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. Vine

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr. 12 48 at 12:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-5 1948 to 4-12 1948

and that I last saw him alive on 4-11 1948

Immediate cause of death

Carcinoma of Throat

DURATION

Due to

Due to

Other conditions

(Include pregnancy within months of death)

Major findings &amp; operations

Hosp. Gastrotonic. Date of op. 3-10-48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Ent. Ed Date signed 4-12-48

Registrar

MAY 1948

RECEIVED

APR 21 1948

BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04189

83a

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County WicomicoCity or town Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, Institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 5 days

## 3. (a) FULL NAME

Mrs. Leila Council

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FemaleWhitewidowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day, yr.)

6. (c) If alive, give age..... years

Sept. 17, 1872

8. AGE:

Years about 75

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

Easton, Md.

10. Usual occupation

Retired housewife

11. Industry or business

John F. Patchell

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Date thereof

(month)

(day)

(year)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty WicomicoCity or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Goldsborough St

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 14 April

1948 at 12:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 9 1948 to April 14 1948and that I last saw him alive on 4-13 1948

## Immediate cause of death

Right hemiplegia.

Due to

Cerebral Hemorrhage

Due to

Paroxysmal Tensional Spasms

Other conditions

(Include pregnancy within 3 months of death)

## Major findings or operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

Martin F. Reed, M.D.

M. D. or other

4-15-48

Date signed

RECEIVED

APR 21 1948

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

a. &amp; Mutter 4-6 48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04190

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County

Talbot

City or town

Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

22 days

Hospital, Institution, or street address where death occurred:

Madison Hospital

How long in hospital or institution?

22 days

## 3. (a) FULL NAME

Elizabeth Copper

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

7. Black

Widowed

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

August 17, 1868

8. AGE:

Years

Months

Days

It less than one day

hrs.

20. DATE OF DEATH

4 28

1948, at 10:40 A.M.

9. Birthplace

Caroline County

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

MOTHER FATHER

12. Name

John Adams

13. Birthplace

Caroline County

14. Maiden name

15. Birthplace

Caroline County

16. Informant

Baptist

Port of Easton

Address

94 Bucknall, Princeton, N.J.

94 Bucknall, Princeton, N.J.

17. Burial

Cemetery or crematory

Burial

Location

Easton, Md.

18. Funeral director

Address

John D. Mulligan

Easton, Md.

19. (Date rec'd by registrar)

1948

1948

N. St. Deceased

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Talbot

City or town

Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

111 Port street

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

4 28

1948, at 10:40 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

6 April 1948 to 28 April 1948

and that I last saw her alive on 28 April 1948

19

Immediate cause of death

cerebral haemorrhage

DURATION

Due to: arteriosclerosis of brain

19

Due to:

Other conditions Port of Easton

death of tumor - 3 days

(Include pregnancy within 3 months of death)

Major findings of operations

Fract neck femur

Date of op. 8 AM

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

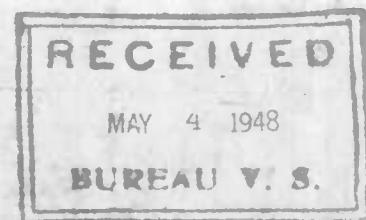
Means of injury Injured at work?

23. SIGNATURE

Sgt. Kenneth 96

M. D. or other

Address: Easton, Md. Date signed: 27 June 1948



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Burke

04191

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Residence, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Nettie Flamer

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

Colored

Married

6. (b) Name of husband or wife

John Flamer.

7. Birth date of deceased (mo., day, yr.)

Dec. 8, 1876

6. (c) If alive, give age 75 years

8. AGE:

Years

Months

Days

If less than one day

71

4

5

hrs.

min.

9. Birthplace (Town, county, and state)

Talbot Co. Md.

10. Usual occupation

Housewife

11. Industry or business

Charles Bellum

12. Name

Talbot Co. Md.

13. Birthplace

Eliza Townsend

14. Maiden name

Talbot Co. Md.

15. Birthplace

John Flamer

16. Informant

Talbot Co. Md.

Address

Coppersoile, Md.

17. Burial

Date thereof Nov. 16 1948

(Burial, cremation, or removal. Which?)

(month)

(day)

(year)

Private Burial Ground

Cemetery or crematory

Coppersoile, Md.

Location

Maurice C. Newland, Jr.

18. Funeral director

Address Easton, Md.

19. Date recd by registrar

1948

19

N. H. Newland

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

None.

## MEDICAL CERTIFICATION

20. DATE OF DEATH

2-24

1948

to

April 13

1948

and that I last saw her alive on

1948

1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-24 to April 13 1948

and that I last saw her alive on

1948

Immediate cause of death

Coronary thrombosis

Due to Coronary thrombosis

Duration 10 days

Due to Coronary thrombosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

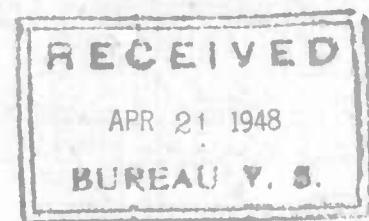
Burke &amp; Newland

M. D. or other

Address

Burke &amp; Newland

Date signed



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is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04192

## CERTIFICATE OF DEATH

1310  
Reg. Dist. No.

294

## 1. PLACE OF DEATH:

Talbot

County

Claiborne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 49 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Drucilla C. Gray

4. Sex

5. Color or race

8.(a) Single, married, widowed, or divorced

female

white

widow

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 12, 1869

6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day

88 10 1 hrs. min.

9. Birthplace Berlin, Md.

(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER James Mumford

13. Birthplace England

14. Maiden name Elizabeth Mc. Lain

15. Birthplace England

16. Informant Mrs. Virgie Brown

Address Claiborne, Md.

17. Burial Date thereof April 5, 1948

(month) (day) (year)

Cemetery or crematory Olivet

Location St. Michaels Md.

18. Funeral director Newnam &amp; Harrison

Address St. Michaels, Md.

19. Apr. 5 1948 G. Wesley Lovell

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Talbot

City or town Claiborne

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1948 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 15 1947 to Apr. 1, 1948

and that I last saw her alive on April 1, 1948

Immediate cause of death

Chronic Myocarditis

DURATION

15 yrs.

Due to Essential Hypertension

20 yrs.

Due to

Chronic Nephritis

15 yrs.

Other conditions

(include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

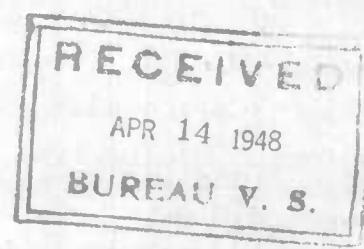
Means of injury

Injured at work?

23. SIGNATURE Robert H. Brink M.D.

M. D. or other

Address St. Michaels, Md. Date signed 4/2/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04193

## CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## 1. PLACE OF DEATH:

Talbot

County

City or town. Bozman

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

W. Elmer Harrison

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

married

6. (b) Name of husband or wife

Bertha M. Mc. Quay

7. Birth date of deceased (mo., day, yr.)

June 10, 1875

6. (c) If alive, give age

68

years

8. AGE:

Years	Months	Days	If less than one day
72	10	2	hrs. min.

9. Birthplace

Bozman, Md.

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

MOTHER FATHER

12. Name

Wm. E. Harrison

13. Birthplace

Bozman, Md.

14. Maiden name

Sara Cooper

15. Birthplace

Bozman, Md.

16. Informant

Mrs. Bertha Harrison

Address

Bozman, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 14, 1948  
(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Bozman, Md.

18. Funeral director

Newnam &amp; Harriaon

Address

St. Michaels, Md.

19. April 14th

1948

Mrs. Adel H. Beck

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Talbot

City or town Bozman

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

none

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH

April 12, 1948

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 25, 1948 to April 12, 1948

and that I last saw him alive on April 12, 1948

Immediately cause of death

General Pachepa

Tuberculosis of the Bladders

DURATION

Over 2 yrs

Due to

Other conditions

✓

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury

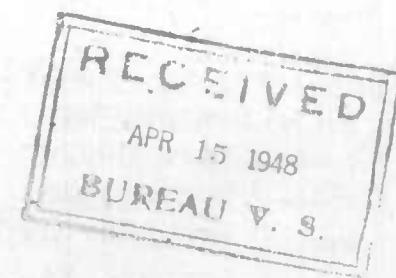
Injured at work

23. SIGNATURE

Philip D. Lewis

M. D. or other

Address St. Michaels, Md. Date signed April 12, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04194

## CERTIFICATE OF DEATH

94a  
Reg. Dist. No. 291

## 1. PLACE OF DEATH:

County..... Talbot

City or town..... St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death..... Life

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Annie E. Hayman

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced

female colored married

6. (b) Name of husband or wife..... Adolphus Hayman

7. Birth date of deceased (mo., day, yr.)..... 6. (c) If alive, give age..... 60 years

Feb. 22, 1871

8. AGE: Years Months Days If less than one day

77 1 10 hrs. min.

9. Birthplace..... Baltimore, Md.

(Town, county, and state)

10. Usual occupation..... Housewife

## 11. Industry or business

12. Name..... George Thomas

13. Birthplace..... Baltimore, Md.

14. Maiden name..... Katie Holland

15. Birthplace..... Baltimore, Md.

16. Informant..... Mrs. Mary E. Moore

Address..... Bellevue, Md

## 17. Burial

(Burial, cremation, or removal. Which?)..... Date thereof..... April 4, 1948

Cemetery.....

Location..... Mc. Daniel, Md.

18. Funeral director..... Newnam &amp; Harrison

Address..... St. Michaels, Md

19. Apr. 3, 1948  
(Date rec'd by registrar)Mrs. *Patricia L. Beck*  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Talbot

City or town..... St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

p.m.

20. DATE OF DEATH..... April 1, 1948..... 19..... at 3:00 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

22. 2.3.48..... 19..... to 4.1.48..... 19.....

and that I last saw her..... alive on 3.28.48..... 19.....

## Immediate cause of death

Acute Coronary Disease

DURATION

Due to Chr. Rheumatoid Arthritis

Due to.....

Other conditions..... Senility

1 yr

(Include pregnancy within 3 months of death)

Major findings of operations..... None

Date of op.....

Autopsy results..... None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work.....

23. SIGNATURE..... *Wadys B. Newnam*

M. D. or other

Address..... St. Michaels, Md

Date signed..... 4.2.48

4.2.48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4-1-48

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04195

## CERTIFICATE OF DEATH

122b  
Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County

Talbot County

City or town

Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

24 hrs.

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

24 hrs.

## 3. (a) FULL NAME

Mr Herman Horsey

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married.

## 6. (b) Name of husband or wife

Mrs Mary Horsey

7. Birth date of deceased (mo., day, yr.)

August 10, 1865

(b) If alive, give age years

8. AGE:

Years Months Days If less than one day

82 7 22 hrs. min.

## 9. Birthplace

England, Delaware

(Town, county, and state)

## 10. Usual occupation

Retired

Ferryman

11. Industry or business

M. J. Horsey

12. Name

Caroline County

13. Birthplace

England, Hampshire

14. Maiden name

H. J. Horsey

15. Birthplace

England, Md.

16. Informant

Mrs Mary Horsey

Address

Coyend, Md.

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

April 5, 1948

(month) (day) (year)

Cemetery or crematory

Concord Cemetery

Location

Concord, Md.

18. Funeral director

Vigil Moon

Address

Denton, Md.

19. (Date rec'd by registrar)

1948

M. H. Neerius

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County

City or town

Concord (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1948, at 6 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on April 2 1948

Immediate cause of death

coronary thrombosis

Due to arteriosclerosis

Due to Senility

Other conditions Intestinal obstruction

(Include pregnancy within 3 months of death)

Major findings of operations Intestinal obstruction

a chronic (obstruction) Date of op. April 2 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED  
APR 9 1948  
BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04196

## CERTIFICATE OF DEATH

92b  
Reg. Dist. No. 291

## 1. PLACE OF DEATH:

County

Talbot

City or town

St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

6 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Blarence Hynson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Ae

Married

6. (b) Name of husband or wife

Edua Hynson

6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.)

June 18, 1892

8. AGE:

Years

Months

Days

If less than one day

hrs. min

9. Birthplace

(Town, county, and state)

10. Usual occupation.

Porter

## 11. Industry or business

MOTHER FATHER

12. Name Daniel Hynson

13. Birthplace Wittenay, Md

14. Maiden name Alice Johnson

15. Birthplace Wittenay, Md

16. Informant Mrs. Edua Hynson

Address 429 N. Carey St., Balt., Md

17. Burial

Date thereof April 18, 1898

(Burial, cremation, or removal. Which?)

Cemetery or crematory Cemetery (Cle)

Location St. Michaels, Md.

18. Funeral director Leon W. Henry

Address 310 South St., Easton, Md

19. (Date rec'd by registrar) April 14, 1948

Mrs. Robt. H. Bach

Registr.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore City

Street No. 429 N. Carey St.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

216-03-1020

## MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 12, 1948, at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 8, 1947, to April 7, 1948, and that I last saw her alive on April 7, 1948.

Immediate cause of death

Cardiac failure

DURATION

5 days

Due to: Mural stenosis and  
tricuspid insufficiency

years (2)

Due to:

Other conditions: Cerebral hypertrophy

years (2)

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

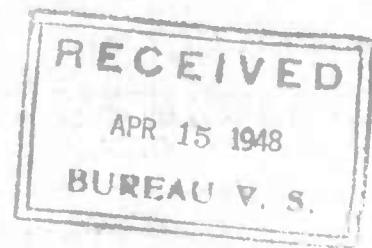
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur V. Milholland, M.D.

Address St. Michaels, Md. Date signed 4-12-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04197

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 hrs.Hospital, Institution, or street address where death occurred: Memorial HospitalHow long in hospital or institution? 18 hrs.

## 3. (a) FULL NAME

Edward Jenkins

4. Sex

5. Color of race

6.(a) Single, married, widowed, or divorced

mBmarried

6.(b) Name of husband or wife

Erene Jenkins

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

3-30-1888

8. AGE:

Years

Months

Days

If less than one day

6012

hrs.

min.

9. Birthplace

Talbot County

(Town, county, and state)

10. Usual occupation

FarmingLaborer

11. Industry or business

PerryJenkins

12. Name

EllaFields

13. Birthplace

TalbotCounty

14. Maiden name

EllaFields

15. Birthplace

TalbotCounty

16. Informant

EreneJenkins

Address

Royal OakMd

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

April 13 48

(month) (day) (year)

Cemetery or crematory

St PaulsChurch Cemetery

Location

Royal OakMd

18. Funeral director

John D. DeceaseusEaston Md

Address

EastonMd

19. (Date rec'd by registrar)

4/121948N. S. Morris

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MDCounty TalbotCity or town Royal Oak

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 11 April 1948, at 7:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10 1948 to April 11 1948 and that I last saw h. m alive on 4-11-48 1948

Immediate cause of death

Tuber pneumonia

DURATION

2 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

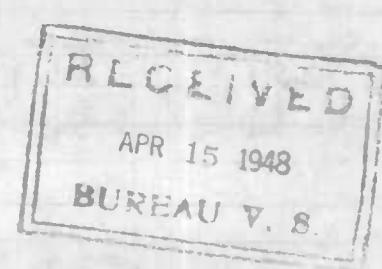
M. D. or other

John D. Deceaseus

Address

Date signed

4-12-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

04198

394

## 1. PLACE OF DEATH:

County..... *Talbot*City or town..... *Easton*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *one year*Hospital, institution, or street address where death occurred: *Easton*

How long in hospital or institution? .....

## 3. (a) FULL NAME

*Joseph Johnson*

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Col.

Widowed

6. (b) Name of husband or wife

*Unknown*

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age .....

years

*901/897 April 16*

8. AGE: Years

*750*

Months

*11*

Days

*26*

If less than one day

hrs.

min.

9. Birthplace:

*Louisiana*

(Town, county, and state)

10. Usual occupation:

*Labourer*

11. Industry or business

*Joseph D. Johnson*

FATHER

12. Name.....

*Louisiana*

MOTHER

13. Birthplace

*Rosie Allen*

14. Maiden name.....

*Boston Mass.*

15. Birthplace

*Records of Easton Memorial*

16. Informant

Address

*Easton Md. Hospital*

17. Burial

(Burial, cremation, or removal. Which?)

*4 - 16-48*

Date thereof

(month)

(day)

(year)

Cemetery or crematory

Location

*County**Easton Md.*

18. Funeral director

Address

*J. Leeds Moore**Lilyman, Md.*

19. (Date rec'd by registrar)

*4/15/*

19.

*48*

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Louisiana* County *Unknown*City or town *Unknown*

(If outside city or town limits, write RURAL and give nearest town)

Street No. *100*

(If rural, give LOCATION)

2.(a) If veteran, name war *WW Unknown*

## 3. (b) Social Security Number

*218-01-1055*

## MEDICAL CERTIFICATION

20. DATE OF DEATH *April 12 1948*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to... 19...

and that I last saw him alive on *Feb 19 1948*

Immediate cause of death

*Fevered heat in bed**Not fed & watered**Due to condition**(See records Easton Hospital)*

DURATION

*Don't know*

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

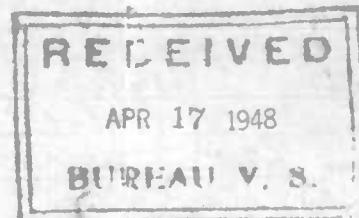
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *Joseph Reese*Address *100 Glencoe Rd*Date signed *April 21 1948*



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04199

## CERTIFICATE OF DEATH

93d  
Reg. Dist. No. 294

## 1. PLACE OF DEATH:

County Talbot

City or town Wittman

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

James M. Jones

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

male

white

married

6.(b) Name of husband or wife

O. Belle Jones

6.(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.)

Oct. 3, 1889

8. AGE:

Years

Months

Days

If less than one day

58

5

29

hrs.

min.

9. Birthplace

Wittman, Md.

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

12. Name Noah M. Jones

13. Birthplace Wittman, Md.

14. Maiden name Thomasine Haddaway

15. Birthplace Neavitt, Md.

16. Informant Mrs. Belle Jones

Address Wittman, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 5, 1948

(month) (day) (year)

Cemetery or crematory Olivet Cemetery

Location St. Michaels, Md.

18. Funeral director Newnam &amp; Harrison

Address St. Michaels, Md.

19. Apr. 5

1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Wittmann

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

none

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1948 at 10A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on April 20 1948

Immediate cause of death coronary disease

Due to arterio vascular disease

angina pectoris

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

## 23. SIGNATURE

Gwynn Reeder M. D. or other

Address Talbot Co. Date signed Apr. 5, 1948

RECEIVED  
APR 14 1948  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04200

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County.....

Talbot  
Easton

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

25 yrs

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Richard Henry Koenig

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife.....

Katie R. Koenig

5. (c) If alive, give age 65 years

7. Birth date of deceased (mo. day. yr.)

October 3 1895

8. AGE: Years

Months

Days

If less than one day

52 6 21 hrs. min.

9. Birthplace.....

Baltimore, Md.

(Town, county, and state)

10. Usual occupation.....

Labourer

11. Industry or business.....

Furniture Work.

MOTHER FATHER

12. Name.....

Henry Koenig

13. Birthplace.....

Germany

14. Maiden name.....

Unknown

15. Birthplace.....

Unknown

16. Informant.....

Katie R. Koenig

Address.....

Easton, Md.

17. Burial

Date thereof: Apr. 26, 1948  
(Burial, cremation, or removal. Which?)

Western Cemetery

Cemetery or crematory.....

Spring Hill Cemetery

Location.....

Easton, Md.

18. Funeral director.....

John D. Williams

Address.....

Easton, Md.

19. 4/26

1948 M. D. Deere

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md.

County.....

Talbot

City or town.....

Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH: April 24 1948 at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 21 1948 to April 24 1948

and that I last saw him alive on April 23 1948

Immediate cause of death.....

Coronary Thrombosis.

Due to.....

Infect. Sclerotic

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?.....

23. SIGNATURE.....

John D. Williams

M. D. or other

Address.....

Easton, Md.

Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04201

## CERTIFICATE OF DEATH

Reg. Dist. No. 292

## 1. PLACE OF DEATH:

County

TALBOT

City or town

TALBOT  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

4 YEARS

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

KATE LANE

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FEMALE WHITE Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

JAN. 15 - 1868

8. AGE:

Years

Months

Days

If less than one day

80 2 30 hrs. min.

9. Birthplace WILLIAMSBURG, RICHMOND, VA

(Town, county, and state)

10. Usual occupation RETIRED Houseworker

11. Industry or business

12. Name WILLIAM LANE

13. Birthplace BORN AT SEA (arrived from ENGLAND)

14. Maiden name MARY BROWN LANE

15. Birthplace WILLIAMSBURG, VA

16. Informant ROYCE LANE

Address TALBOT, R. D. MD.

17. Burial

Date thereof DEC. 16 - 48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

SUNRISE HILL CEMETERY

Location

EASTON, MARYLAND

18. Funeral director

JOHN D. WILLIAMS

Address

EASTON, MARYLAND

19. (Date rec'd by registrar)

1948

Joseph L. Ladd

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD.

County

TALBOT

City or town

TALBOT

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 14 1948 5:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1938 to April 1948  
and that last saw her alive on April 14th 1948

Immediate cause of death

Valvular heart disease

DURATION

5 yrs.

Due to Arteriosclerosis

10 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

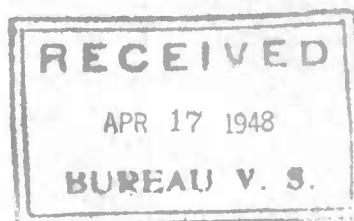
M. D. or other

Address

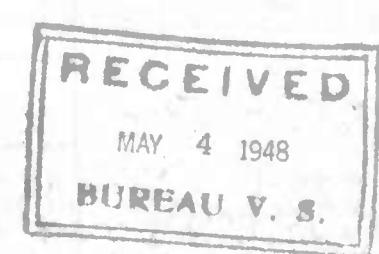
William S. Seymores

Date signed

Apr. 15/48









PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04263

## CERTIFICATE OF DEATH

938

Reg. Diat. No. 290

## 1. PLACE OF DEATH:

County BaltimoreCity or town Easton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48 hrs.Hospital, institution, or street address where death occurred: Memorial HospitalHow long in hospital or institution? 48 hrs.

## 3. (a) FULL NAME

Lyders, Mrs. Ruth4. Sex F5. Color or race W6. (a) Single, married, widowed, or divorced M6. (b) Name of husband or wife Mr. Norman Lyders7. Birth date of deceased (mo., day, yr.) Jan 28, 18986. (c) If alive, give age years8. AGE: Years 50Months 0Days 0

If less than one day

hrs. 0min. 09. Birthplace Maryland(Town, county, and state) St. Louis10. Usual occupation Wife11. Industry or business Wife

MOTHER FATHER

12. Name Emelia Carroll13. Birthplace Maryland14. Maiden name Ruth15. Birthplace Concord Md. B.C. Denton16. Informant Mr. Norman Lyders17. Burial BurialAddress Denton Md. P. O. #218. Funeral director J. Virgin Moore & SonAddress Denton, Md.19. Date rec'd by registrar 7/19/4819. 48D. St. Devere  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 815 1/2

(If rural, give LOCATION)

2. (a) If veteran, name war.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 19, April19 48 at 2:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

17 Apr 19 48 to 19 Apr 19 48and that I last saw her alive on 18 Apr 19 48

Immediate cause of death

Intra cranial hemorrhage

DURATION

2 daysDue to Hypertensive cardiovascular disease ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Caroline, Maryland Date signed 19 Apr 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH  
FILM NO. G 2411 N. Charles St., Baltimore  
115 APR 23 1948 CERTIFICATE OF DEATH 45f

04204  
Reg. Dist. No. 290

## 1. PLACE OF DEATH

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death

Hospital, institution, or street address where death occurred

How long in hospital or institution

## 3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

MOTHER

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

18 48

N. H. Neerup

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

Street No.

2. (a) If veteran, name war

## 3. (b) Social Security Number

216-03-7429

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

April 11 1948, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-15-47 1947 to 4-11 1948

and that I last saw him alive on 4-6 1948

Immediate cause of death

Carcinoma of Stomach 18 mo.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

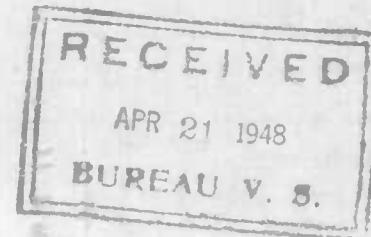
Injured at work?

23. SIGNATURE

J.W. Burchell, M.D. or other  
Date signed 4-12-48

Address

9  
APR 21 1948  
8761



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04205

## CERTIFICATE OF DEATH

52a  
Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Darist County  
City or town Easton, Md.  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 daysHospital, Institution or street address where death occurred: Memorial HospitalHow long in hospital or institution? 8 days

## 3. (a) FULL NAME

Fletcher L. Stafford4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mrs Clara Stafford7. Birth date of deceased (mo., day, yr.) April 28, 18888. AGE: Years 59 Months  Days  If less than one day  hrs.  min. 9. Birthplace Caroline County  
(Town, county, and state)10. Usual occupation None11. Industry or business Gas Fird P. Stafford12. Name Mrs Fred P. Stafford13. Birthplace Caroline County14. Maiden name Charlotte Breden15. Birthplace Caroline County16. Informant Mrs Clara StaffordAddress Holles, Md.17. Burial Burial Date thereof Apr 11, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory DentonLocation Denton, Maryland18. Funeral director J. V. Moore & SonAddress Denton, Md.19. 4/18 19 48 J. H. Neerix  
(Date rec'd by registrar) (Date signed) (Registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Holles  
(If outside city or town limits, write RURAL and give nearest town)Street No.   
(If rural, give LOCATION)2. (a) If veteran, name war 

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 7, April 19 48, at 5:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/30 19 48, to 4-7 19 48and that I last saw him alive on April 7 19 48Immediate cause of death Cerebral SclerosisDue to Sarcoma of KidneyDue to Other conditions 

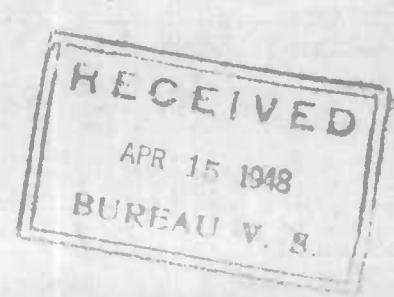
(Include pregnancy within 8 months of death)

Major findings of operations Cyst & Kidney RTPathological Report Sarcoma Date of op. Autopsy results 

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide  Date of Where did injury occur?  (City or town)  (County)  (State)Injured at home, farm, industry, public place (where?) Means of injury  Injured at work? 23. SIGNATURE Tom Palmer M. D. or other Address Easton Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of  
age shown on:

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04206

H.M. No. G 115 APR 19 1948

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 17 days

Hospital, Institution or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 17 days

## 3. (a) FULL NAME

George Robert Wallace

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

mwmarried6. (b) Name of husband or wife Mrs. Mary W. Wallace6. (c) If alive, give age years60

7. Birth date of deceased (mo., day, yr.)

Oct 19, 1884

8. AGE: Years

Months

Days

If less than one day

63 6+521hrs.min.

9. Birthplace

Town, county, and state)

10. Usual occupation

Barker

11. Industry or business

MOTHER FATHER

Mrs. George Wallace

13. Birthplace

On Chelster County

14. Maiden name

Annie Barker

15. Birthplace

England

16. Informant

Mrs. Mary W. Wallace

Address

49 S. Wash. St. Easton, Md

17. Burial

Date thereof Apr. 12, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Springfield Cemetery

Location

Easton, Md

18. Funeral director

Maurice E. Newman & Son

Address

Easton, Md.19. 4110

Date rec'd by registrar

19. 48M. S. Neerius

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty TalbotCity or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 49 So. Washington, Easton, Md

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 9 April1948, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Apr. 1948 to Apr. 1948, 1948and that I last saw h. m. alive on 8 Apr. 1948, 1948Immediate cause of death Cardiac failure

DURATION

Due to Cerebral aortic sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

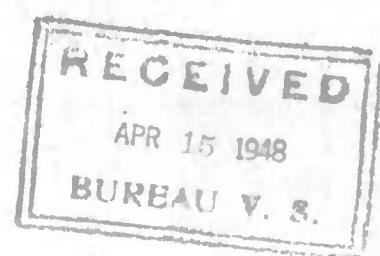
Injured at work?

23. SIGNATURE

Theresa Hanian M.D.

M. D. or other

Address Easton, Maryland Date signed 9 Apr. 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04267

Evidence for addition of  
birth date and age shown on:

HIN NO. G 115 MAY 11 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? 2 days

## 3. (a) FULL NAME

James Whittington

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Black

Single

6. (b) Name of husband or wife:

7. Birth date of deceased (mo. day, yr.) 1929

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day hrs. min.

19

9. Birthplace Maryland

(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

12. Name: James Whittington

13. Birthplace Md

14. Maiden name: Bertha Clark

15. Birthplace Md

16. Informant: Lillian Lebby

Address: Ridgely Md

17. Burial, cremation, or removal (check):

Cemetery or crematory: Newton

Location: Newton Md.

18. Funeral director: R. B. Rawlings

Address: Greensboro Md.

19. (Date rec'd by registrar) 4/29/48 1948

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Ridgely

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1948 at 12:37 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-26 1948 to 4-28 1948

and that I last saw h.m. alive on 4/28/48 1948

Immediate cause of death:

Meningitis Type not determined

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

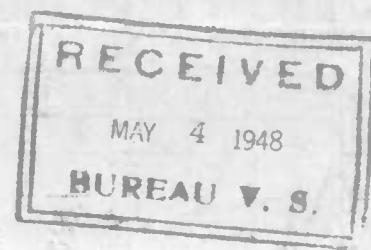
Means of injury

Injured at work?

23. SIGNATURE: B. C. Coffman

M. D. or other

Address: Easton Md Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04208

## CERTIFICATE OF DEATH

Reg. Dist. No. 294

## 1. PLACE OF DEATH:

County

TALBOT

City or town

TRAPPE, RURAL

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

7 mos.

Hospital, Institution, or street address where death occurred:

—

How long in hospital or institution?

—

## 3. (a) FULL NAME

DIANA ESTELLA Young

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

F

C

SINGLE

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

APR. 28, 1947

8. AGE: Years Months Days If less than one day hrs. min.

0

11 5

hrs. min.

9. Birthplace: TRAPPE, RURAL

(Town, county, and state)

10. Usual occupation

11. Industry or business

UNKNOWN

12. Name

13. Birthplace

14. Maiden name

GRACE YOUNG

15. Birthplace

WILLIAMSBURG, RURAL

16. Informant

CATHERINE, YOUNG

Address

TRAPPE, RURAL

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof: 4-7-48  
(month) (day) (year)

Cemetery or crematory

TRAPPE CEMETERY

Location

TRAPPE, MO.

18. Funeral director

John D. Williams

Address

FREDON, Maryland.

19. 4/7 1948

1948

Signature

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

MO.

County

TALBOT

City or town

TRAPPE, MO.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

BARBER

RURAL

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

2D. DATE OF DEATH

APRIL 5 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 29, 1948, to April 5, 1948, and that I last saw her alive on April 2, 1948, 1948

Immediate cause of death

Bronchopneumonia

DURATION

5 days

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Helaine S. Seymour  
Graphite

Date signed

